

*D. D. Dapmire*

# SCHOOL HEALTH

in Southend on Sea

# 1971

The Annual Report of the  
Principal School Medical Officer of Health  
for the County Borough of Southend on Sea





**ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL  
OFFICER FOR THE YEAR 1971**

**PRIMARY AND SPECIAL EDUCATION SUB-COMMITTEE  
OF THE EDUCATION COMMITTEE**

**Chairman**

Alderman L.H. Curtois

**Vice-Chairman**

Mr. F.C. Gardner

**Ex-Officio:**

Chairman of Education Committee  
Alderman A.V. Mussett

Vice-Chairman of Education Committee  
Councillor E.F. Hyde

Councillor S.G. Ayre  
Councillor L.W.F. Bennett  
Councillor Mrs. M.M.C. Bullock-Jarman  
Councillor C.T. Jarman  
Councillor Mrs. J. Sargent  
Councillor L.A. Woodward  
Rev. Canon F. Dobson  
Rev. Canon S.T. Erskine  
Mr. J.F. Dixon  
Mr. H.F. McCarthy

**STAFF OF THE SCHOOL HEALTH SERVICE**

**A. Whole-time Officers:**

Principal School Medical Officer:  
G.V. Griffin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:  
M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H.

Senior Medical Officer and Senior School Medical Officer:  
I.B. Barrie, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Assistant Medical Officer and Senior Assistant School Medical Officer:  
M.S.M. Adams, M.B., B.S., M.R.C.S., L.R.C.P. appointed 20.4.71

Chief Dental Officer:  
J.M. Stratford, L.D.S.

Dental Officer:  
G.D. Drury, L.D.S., R.C.S.(Eng.) appointed 5.4.71  
resigned 31.7.71

**Superintendent Health Visitor:**

Miss E. Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Diploma, H.V. Cert.  
retired 22.12.71.

**Health Visitors and School Nurses:**

14 whole-time, 3 part-time

1 student under training

**School Clinic Nurse:**

Mrs. E. Delve, S.R.N., resigned 11.3.71.      1 School Clinic Attendant

Mrs. J.E. Arthur, S.R.N. appointed 26.4.71.

**School Nurses: 3**

**Senior Administrative Assistant:**

Miss A.M. Roberts

**Administrative Assistant:**

Mrs. G. Knight

**Clerks: 8**

Dental Attendant 1      Dental Clerk 1

**Secretary - Child Guidance Clinic:**

Mrs. C. Brown

**B. Part-time Officers:**

**Medical Staff 3**

**Psychiatrist:**

H. Bevan-Jones, M.R.C.S., L.R.C.P., D.P.M.

**Social Worker (Child Guidance Clinic)**

Mrs. E.J. Loveday, appointed 6.9.71

**Senior Educational Psychologist:**

Mrs. E.R. Harding, M.A., resigned 31.8.71

**Assistant Educational Psychologists:**

Miss I.E. Clements, B.A.

Mrs. V.J. Macpherson, B.A.

**Dental Officer:**

D.F. Hayes, B.D.S., appointed 23.8.71

**Speech Therapists:**

Miss J. Sibley, L.C.S.T., resigned 30.4.71. Reappointed 5. 10. 71

Mrs. H.J. Iles, L.C.S.T., resigned 31.8.71.

**Dental Attendant 1.**

**Physiotherapist at Kingsdown School: 1**

**Physiotherapy Assistant: 1**

**Physiotherapists at Lancaster School: 2.**



Public Health Department,  
Civic Centre,  
Southend-on-Sea.

Telephone: 49451.

## **ANNUAL REPORT**

I have pleasure in presenting, as Principal School Medical Officer, my annual report for 1971.

This year the programme for periodic and selective medical inspection was completed as was the immunisation programme. Apart from the screening of vision of seven year olds in two schools the screening programme of vision and hearing was also completed. The supervision of the health and welfare of the handicapped pupils was maintained and the services to the school leavers was improved as the staff involved became more aware of the further provision which could be made. The health education programme now appears to be getting under way.

The information in the following pages is not just a report of work done; it is a record of the enthusiasm and willingness of staff of many departments to co-operate and share responsibilities to provide a service which benefits the school children in the borough.

I conclude by thanking Dr. Barrie and all the staff in the school health service whose work enabled this report to be written, I also take this opportunity of thanking the Education Committee, the Chief Education Officer and his staff for their continued interest, support and co-operation.

Principal School Medical Officer

## **STAFF**

Dr. M.S. Adams was appointed Senior Assistant Medical Officer in April. Mrs. J.E. Arthur was appointed School Clinic Nurse in April to replace Mrs. E.Delve who resigned in March. Miss J. Sibley, Speech Therapist, returned to the Department in October after a break of six months. Mrs. H.J. Iles, Speech Therapist, left in August. Mr. D.S. Hayes was appointed part-time Dental Officer in August. Mrs. E.R. Harding, M.A., resigned as Senior Educational Psychologist at the end of August. Mrs. E.G. Loveday was appointed Social Worker to the Child Guidance Clinic in September.

The last of the staff changes this year in the School Health Service was made by the retirement in December of Miss E. Roberts who had been Superintendent Health Visitor and in charge of School Nurses for 22 years. At her farewell party, attended by many past and present staff, a presentation was made and good wishes for a happy retirement were extended to her.

## **MEDICAL AND DENTAL INSPECTIONS**

### **Selective Medical Inspections**

The selective medical inspection scheme was extended to the junior schools this year.

### **Medical examinations and Testing of Vision and Hearing**

Since there have been several changes in recent years, the present arrangements made for medical examination of school children and for testing vision and hearing in school are described.

#### **Infant Schools**

All children are medically examined and their vision tested in their first year at school. Parents are advised when this is to happen and invited to attend. A school nurse visits the school prior to the examination and carries out hearing tests.

#### **Junior Schools**

Vision and hearing tests carried out by the school nurse are repeated during the child's first year in the junior school and again during his final year there. Colour vision testing is done at this stage.

All children in their last year at junior school are due for medical examination under the provisions of Section 48 of the Education Act 1944, but a selective medical examination scheme provides that only those in the following categories are examined. Selection is made by the School Medical Officer.

1. Children whose school medical records, amplified by a questionnaire completed by parents or guardians, indicate that this will be beneficial.
2. Children for whom no medical records (or an incomplete one) is held.
3. Children for whom a completed questionnaire is not returned.
4. Children for whom the Head Teacher or Parent has specially requested examination.



## **Secondary Schools**

Testing of vision is carried out during a pupil's second and third years at school. It is hoped eventually to be able to repeat this during the last year of compulsory education.

The selective medical examination scheme (as for junior schools) operates at present in the third year; this may be deferred until the 4th year when the school leaving age is raised in 1972/73.

The School Health Service exists to help both parents and children. Consultations at any stage of a child's school life can be arranged either directly with the Health Department or through the Head Teacher.

### **Periodic Inspections**

With the introduction of selective medical inspections to the junior schools this year the number of periodic inspections fell to 1153 from 2859 in the previous year.

### **Medical Inspections of Young Children**

All children are examined during their first year at school but children entering the nursery classes have a medical examination prior to entry.

The child population below compulsory school entrance age is supervised by the health visitors. Any of these children whose development causes concern are brought forward to the medical staff who keep their progress under review. The aim is that any child with a handicapping condition or potentially handicapping condition can be assessed and the condition dealt with as fully as possible before school entry.

Facilities are available for some children under the age of five years at Lancaster School, at the Partially Hearing Unit, Prince Avenue Infant School, and at the Observation Unit at St. Christopher School. Admission to these classes is made on the recommendation of the Principal School Medical Officer to the Chief Education Officer. The Children's Day-Centre at Southend General Hospital has a nursery class staffed by a teacher employed by the Local Education Authority. Most children in this class are physically handicapped and are receiving physiotherapy, occupational therapy and speech therapy from hospital staff and are under the supervision of a Consultant Paediatrician. Case conferences on these children are held regularly by the hospital staff and staff of the School Health Service. When the child reaches school age arrangements are made by the School Medical Officer for his admission to the most appropriate school. In other circumstances the admission of a child to the two nursery classes in the town may be recommended or a placement in one of the private play-groups or with daily minders may be arranged.

### **Medical Supervision of Handicapped Pupils**

The regular visits by school medical staff to the special schools were maintained.

### **Dental Inspections and Treatment**

The following is the report of Mr. J.M. Stratford, L.D.S., Principal School Dental Officer:-

" I am glad to report that there has been an increase in the number of school inspections carried out and the amount of conservation completed compared with last year, even though the acceptance rate is still at 16.5% level.

During 1971, 14,420 children were inspected, when 65 schools were visited; the figures for 1970 were 2,245 inspections in 17 schools.

The percentage of the school population requiring treatment was 57%.

There was a satisfactory increase in the number of completed courses of treatment from 510 in 1970 to 1188 in 1971.

The following interesting figures appear in the various age groups showing the ratio of teeth filled and those extracted.

5 - 9 age group 1971 ratio of conserved teeth to extracted teeth		5 - 9 age group 1970 ratio of conserved teeth to extracted teeth	
Permanent dentition	13 : 1	Permanent dentition	3 : 1
Deciduous dentition	18 : 1	Deciduous dentition	0.8 : 1
10 - 14 age group 1971 ratio of conserved teeth to extracted teeth		10 - 14 age group 1970 ratio of conserved teeth to extracted teeth	
Permanent dentition	6 : 1	Permanent dentition	3 : 1
Deciduous dentition	0.6 : 1	Deciduous dentition	0.3 : 1
In 15 year and over group 1971 ratio of conserved teeth to extracted teeth		In 15 year and over group 1970 ratio of conserved teeth to extracted teeth	
5 : 1		1.5 : 1	

Considering the increased amount of treatment carried out during the year it is pleasing to compare the extraction figures for permanent teeth in all age groups with those for last year (1970). The extraction figures remain fairly constant.

5 - 9 age group Permanent extraction	1970	1971	10 - 14 age group Permanent extraction	1970	1971
	49	46		154	175

15+ age group Permanent extraction	1970	1971
	36	37



I am glad to report that the need for prosthetic appliances amongst school children remains small within this Authority.

Fortunately, 1971 will be the last year in which the secondary schools will be excluded from Dental School Inspections. It is planned to carry out inspections for the first three forms, commencing 1972.

There has been an increase in the number of new orthodontic cases started during the year from 10 in 1970 compared to 17 in 1971 with the addition of 10 cases referred to the newly appointed Consultant Orthodontist at Southend General Hospital.

Unfortunately due to lack of adequate finance a dental health project had to be postponed.

During the latter part of the year a start was made on a recall system for all pupils completing a course of treatment in an effort to interest children in good dental health habits and reduce the amount of treatment necessary to maintain dental fitness."



## PROVISION OF MILK AND MEALS

### Milk in Schools

The Government's policy of free milk in schools has been modified so that there is now no longer a statutory provision of a third of a pint a day for children who are over seven years in primary schools.

Local Education Authorities may make provision for the sale of milk in primary schools to children who are over the age of seven. They may also supply milk free of charge to children in this age group whom the School Medical Officer certifies as requiring milk for the sake of their health. Arrangements were made so that any child considered in need of free milk should be referred to the Principal School Medical Officer; the school children were examined by one of the medical staff and certificates were issued by the Principal School Medical Officer for generally a minimum of one school year. Four children were referred to the Principal School Medical Officer and free milk was authorised for them all.

Total number of one-third pint bottles of milk supplied:-

Maintained schools	1,885,173
Independent schools	<u>120,543</u>
TOTAL	<u>2,005,716</u>

In accordance with the policy introduced by the Department of Education and Science it was only possible to supply one-third pint bottles of milk free of charge to pupils in the following categories with effect from the 1st September, 1971.

- (a) Every pupil in every special school.
- (b) Every pupil in every primary school until the end of the summer term ending next after the date on which he attains the age of seven.
- (c) Every other pupil in a primary school and every junior pupil in an all age school or middle school in respect of whom there is for the time being in force a certificate given by the Medical Officer of the Authority stating that his health requires that he should be provided with milk at school.

The sale of one-third pint bottles of milk to pupils no longer eligible for free milk was introduced on 28th October 1971, at a charge of 3p a bottle.

### School Meals Service

Number of meals supplied 2,802,284

Percentage of children on roll taking meals: Primary 56%  
Secondary 45%

On a selected day, 16% of the meals served to pupils in maintained schools were free meals.

### Number of Kitchens

Three new kitchens opened during 1971 making a total of 49 kitchens. The following schools are the only maintained schools which continue to receive container meals from kitchens not on their own premises:-

St. Helens, R.C. Junior Mixed and Infants School  
Hamlet Court Infant School  
Lancaster School (formerly the Junior Training Centre) taken over from the Health Committee on the 1st April, 1971).



## Outside Agencies

Meals were supplied to two independent schools.

From April 1971 no meals were supplied for the Meals on Wheels service; this was replaced by a frozen food service inaugurated by the Health Department. Until this date, School Meals staff had worked on a rota basis throughout the school holidays to provide meals for the service.

There were no outbreaks of food poisoning associated with the School Meals service.

## ARRANGEMENTS FOR TREATMENT

### General

#### A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. Monday to Friday throughout the year.

#### B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Friday  
(Treatment by School Clinic Nurse)

#### C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 10 sessions weekly.

A second Surgery open for 10 sessions weekly between 5.4.71  
and 31.7.71 and for 4 sessions weekly from 23.8.71.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortages this Clinic was not open during the year.

#### D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday morning at 9.30 a.m.

#### E. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.

Premises and ancillary staff provided by Local Authority.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Psychiatrist  
attends on 6 sessions a week on Monday, Tuesday and Friday  
throughout the year.

#### F. Speech Therapy Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. There is an  
establishment for two Speech Therapists working at the Central  
Clinic and at the clinic premises at Leigh and Thorpedene as  
required. They are also engaged on work at the schools. Visits  
are paid to ordinary schools and regular visits to special schools.



The Central Clinic at the Municipal Health Centre, Warrior Square, continues to provide a full range of services comprising inspection clinics, minor ailment treatment centre, dental clinic and special clinics for child guidance, speech therapy and ophthalmic services. These premises are shared by the maternity and child welfare and immunisation services of the Health Committee, as are the peripheral clinics at Eastwood, Leigh, Westcliff and Thorpedene.

#### **Malnutrition**

Two children examined at a periodic medical inspection were considered to be in an unsatisfactory physical condition. Both these cases were followed up. Teachers are encouraged to refer to the school health service any child whose condition causes them concern.

#### **Minor Ailments**

There were 1328 attendances at school clinics compared with 1136 in 1970. These figures include both chance attendances at the medical officers' clinics and special examination undertaken by appointment. With the appointment system more time is available to be spent on the child and his problem. The clinics at Leigh, Kent Elms and Thorpedene remained closed for casual attenders but when it was found that there were sufficient children requiring examination in these areas special clinics were arranged and the pupils invited to attend there by appointment. School clinic arrangements at Warrior Square were maintained: 142 attendances for treatment of minor ailments were dealt with by the school clinic nurse.

#### **Plantar Warts**

It was found necessary to provide special clinics dealing with pupils suffering from plantar warts: 3273 treatments for plantar warts were carried out compared with 1639 the previous year. Investigations were started to find out where the outbreaks were occurring to prevent further spread.

#### **Uncleanliness & Verminous Conditions**

Fifty-one pupils were found to be infested in the course of 13,708 inspections. The school nurses were responsible in the main for the supervision of these conditions. Children are excluded from school until infestation is cleared. The Headteacher requires a clearance certificate before allowing the pupil to re-enter the school, the certificate being obtained from either the School Health Service or from the General Practitioner.

#### **Convalescent Treatment**

No children were recommended for convalescent treatment under the Education Committee's scheme. Convalescence which is required as a continuation of hospital treatment is provided by the hospital service under the National Health Service.

#### **Eye Diseases and Defective Vision**

Children with squints are referred direct to a consultant at the hospital. Children found to have refractive errors may attend the Eye Clinic at the Municipal Health Centre or a private optician. Variation in visual acuity may appear at any age during school life and as the onset is gradual the child may not realise that his visual acuity is deteriorating. The screening services are bringing forward to our attention many of these children, and the school nurses on occasion have a difficult task in persuading the parents that action should be taken in the interest of their child's vision. A school medical officer is responsible for the surveillance of the school progress of children suffering from severe defects of vision and if it becomes necessary will indicate the need for the provision of special education.

#### **Orthoptic Clinic**

Since 1968, children requiring orthoptic treatment have attended the General Hospital.



## **Diseases of the Ear, Nose and Throat**

At periodic, selective and special inspections by the school medical officers, eleven children were reported to require treatment for conditions of the nose and throat. Screening audiometric tests of hearing are carried out by the school nurses and when indicated the children are referred to the school medical officer for further investigations. It is possible at present to hold at least one clinic per week where children with hearing problems are seen by a doctor with special experience in E.N.T. conditions. Some general practitioners are now referring children to the School Health Service for assessment of hearing. In many cases the condition does not warrant surgical intervention, nor will medical treatment improve the condition. The children's conditions are reported to the headteachers by the medical staff and advice on their management in school is given. It is hoped that in the future a peripatetic teacher of the deaf will be able to supervise these pupils' progress in school. The aim is to prevent these children becoming educationally retarded because of their difficulty in hearing in the school situation.

The Department of Education and Science would like the number of pupils of all ages known to have received operative treatment for adenoids and chronic tonsillitis to be reported. Fifty-two cases were reported to the Local Authority from the hospital this year against 97 in 1970. The Health Department tries to keep a complete record of the number of children wearing hearing aids in school. A school medical officer and the teacher in charge of the partially hearing unit are informed of these cases and an attempt is made to advise the school staff and the pupil concerned on the best use of the equipment.

## **Orthopaedic and Postural Defects**

Advice and in-patient treatment are provided locally at Southend General Hospital. This year the figure is not available of the number of children attending the orthopaedic out-patient department. Children with defects are kept in an ordinary school, if possible, but if this would be detrimental to their education or health they can be transferred to Kingsdown School for physically handicapped and delicate children, or if need be to residential special schools.

School medical officers attend the hospital outpatient department where some of these children are under observation. The consultant paediatrician and a physiotherapist employed by the hospital visit Kingsdown School. This arrangement helps to provide continuity of care and treatment between the hospital and school.

## **Speech Therapy**

During the year the two speech therapists who were in post at the beginning of the year both left. However, we were very fortunate in that Miss Sibley returned to England in September and was immediately re-engaged in her old capacity.

The special schools were visited regularly; 375 children were treated and 1385 attendances recorded at clinics.

Diagnosis	Boys	Girls	Total
Defective articulation	128	41	169
Retarded speech and language	68	31	99
Non-fluency	20	9	29
Cleft palate	4	4	8
Hypernasality	4	1	5
Hyponasality	1	-	1
Specific language disorder	11	3	14
Communication disorder	9	4	13
Hearing loss	7	4	11
Dysarthric/dyspraxic element	16	7	23
Dysphonia	2	1	3
	270	105	375

#### Child Guidance

The work of the Child Guidance Clinic continued in its pattern of individual and group interviews by the Consultant Psychiatrist of the children, their parents and those involved with the children.

Medical undergraduates and trainee educational psychologists visited the clinic and Priory School as part of their training.

#### Staff Changes

Mrs. E.R. Harding, M.A., Senior Educational Psychologist, left to take up a Lecturing appointment at Reading University. Mrs. Loveday was appointed part-time social worker.

#### Part-time Psychiatrist

Interviews with children	659
Interviews with parents	729
Interviews with Head teachers, Probation Officers and other agencies	230



The following tables show the sources of referral in the 134 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of referral:

	Boys	Girls	Total
Parents	11	4	15
Principal School Medical Officer	17	7	24
Probation Officers/Juvenile Court	3	-	3
General Practitioners	24	16	40
Medical Officers (S. G. H.)	3	8	11
Educational Psychologists	21	4	25
Head Teachers	7	5	12
Other Agencies	4	-	4
	90	44	134

Age Range	Boys	Girls	Total
Under 5 years	10	3	13
5 - 7 years	26	8	34
8 - 10 years	27	8	35
11 - 13 years	19	16	35
14 - 16 years	8	9	17
	90	44	134

Psychologists have maintained regular visits to all special schools. Since the responsibility for the education of severely sub-normal children was transferred to the Education Committee in April, regular visits have been made to Lancaster School (previously the Junior Training Centre). In addition, the psychologists maintained visits and contacts with the teachers and pupils in the ordinary schools. The level of informal discussions and consultation with the teachers increased during the year and many children were assisted indirectly without individual referral becoming necessary. The result has been that the majority of those referred for individual assessment and advice have been those requiring more intensive help. A full report of the educational psychologists will be found in the Annual Report of the Chief Education Officer.

## WORK OF THE SCHOOL NURSES

Health Visitors have a joint appointment of Health Visitor/School Nurse. The work of the Health Visitor in the school takes the form mainly of health education. Some home visits are paid in special cases where parent counselling is required.

Three School Nurses without the Health Visitor's qualifications are employed, so that the other services to the schools are maintained. They attended the sessions for medical inspection of all children entering infant school for the first time, and the pupils chosen for medical inspection in the junior and secondary schools. They carried out screening tests of vision and hearing on pupils at the ages of 5 and 7 years as well as vision tests on pupils at the ages of 10, 12, and 13, including colour vision of both boys and girls. Cleanliness inspections were carried out when indicated.

The following table indicates the variety of reasons for the school nurses' follow-up visits to the home.

	No. of children visited	No. of visits made
Encourage attendance for special examination	180	185
Hearing difficulties	117	116
Squint or defective vision	139	137
Verminous conditions	234	198
Infectious diseases	55	46
Contagious skin diseases (Impetigo, Ringworm)	120	107
Poor physical condition or dirty	63	48
Vaccination or immunisation	1	1
Parent counselling	48	46
Other conditions	137	159
Total	1094	1043

## HEALTH EDUCATION

After reviewing the work done by the health visitors in the field of health education, it was decided that the health visitors would deal less with mothercraft, which is available to expectant mothers at the ante-natal clinics, and



would pay more attention to personal relationships and to modern health problems, subjects relevant to both boys and girls. Early in the year, the part that the School Health Department could play in school programmes of health education was described to headteachers of secondary schools. The following are schools where health education was carried out during 1971 by staff of the Health Department or in liaison with the school staff.

Belfairs High School for Girls	148 sessions
Westborough High School for Girls	70 "
Eastwood High School for Girls	Liaison and 4 afternoons in the Public Health Dept.
Southend High School for Girls	Liaison and 2 afternoons " " " "
Dowsett High School for Girls	4 sessions
College of Technology	2 half days
Westcliff High School for Boys (Biology Section)	2 extra-curricular periods

Health Education was not confined to secondary schools. The Government's decision to give more publicity to smoking problems resulted in more interest being shown by the schools in trying to teach children the hazards of smoking. A model Smoking Suzy was purchased and proved instantly popular, as shown by the number of requests for its use in schools, particularly in the junior schools.

The promotion of health education was also effected by participation of our staff at various meetings attended by members of other professions involved with the school population to gather information and share experiences. Student teachers, who during their course of study do a health education project, found a ready source of information and advice in our Health Educator. It was satisfying to note the growing interest in the health education provided the the School Health Service as indicated by the increasing number of requests for advice and information from the schools.

## HANDICAPPED PUPILS

The Authority now has three day schools for educationally subnormal pupils, since the responsibility for the education of severely subnormal children was transferred to the Education Committee in April 1971. There is also a day school for physically handicapped and delicate pupils, and one day school for maladjusted pupils. There is a special unit for partially hearing children attached to Prince Avenue Infant School and there is a small unit sited at St. Christopher School for children up to the age of 7 years whose general development is causing concern.

In each case the pupil is assessed as fully as possible before a recommendation is made to transfer him from an ordinary school to a special school. In the special schools there are many pupils who suffer from more than one handicap and every effort is taken to ensure that the staff at the school are aware of all the problems the child has to cope with, so that he can benefit as much as possible from all the available special education.

## HOSPITAL AND HOME TUITION

Mrs. Jean Berg and assistant provide hospital tuition. They visit the medical and surgical wards at Southend General Hospital. The co-operation of the headteachers of schools, the nursing staff and the occupational therapists is an essential part of this service. A teacher is not provided at Rochford Hospital, but



any child who is admitted for other than short-term care is catered for on an individual basis by a school, via the Education Department.

This year a nursery class in charge of the teacher seconded to the Hospital Service opened at the Children's Day Centre at Southend General Hospital. Children who attend the Day Centre are severely handicapped. They attend hospital for intensive treatment and further diagnosis. Part of their on-going assessment is carried out in the nursery class. In addition to the value of the service that the teacher provides to the individual child, her knowledge and information on the child is useful when an assessment is made of the child's potential, when the time comes for a recommendation to be made to the Chief Education Officer concerning future schooling.

		<u>Children</u>	<u>Teaching Sessions</u>
<u>Wards</u>	Borough	388	1180
	County	350	1260
		<hr/> 738 <hr/>	<hr/> 2440 <hr/>
<u>Children's Day Centre</u>	Borough	14	772
	County	36	2809
		<hr/> 50 <hr/>	<hr/> 3581 <hr/>

No teacher was employed for home tuition this year.

#### UNIT FOR PARTIALLY HEARING CHILDREN

This unit continues to cater for children of nursery school and infant school age. As soon as a child is diagnosed as having a severe hearing problem he is referred with the parents to the teacher in charge of the unit for support and training in the management of the handicap. The child's admission to the unit is arranged as soon as it is possible. Integration with the pupils in the main school is encouraged. At present, if a child cannot cope in the ordinary school from the age of about 7 years, a residential place is sought for that child. Some children in ordinary schools who have hearing problems are visited by the teacher from the partially hearing unit, but there are others in the ordinary schools who would benefit from the attention of a peripatetic teacher of the deaf. At present, when a child is found to be suffering from a conductive hearing loss which may last for some time he is brought to the attention of the headteacher by letter from the



Principal School Medical Officer. General advice is given in the letter and a request is made that if any problems are noted then the child should be referred to the School Health Service immediately for further action on his case.

## **SPECIAL SCHOOLS**

### **St.Christopher and St. Nicholas Schools**

These two schools provide day special education for educationally subnormal pupils. It was possible to maintain regular visits to these schools by school medical officers this year. Each school provides an evening centre which affords educational, recreational and industrial experience for school leavers. The headteachers maintain contact with the other Local Authority officers who are involved in the care of children attending these schools. A few places were again available for pupils who, despite being at the lower end of normal intelligence, are so educationally retarded that they require remedial education at present not available in ordinary schools. The progress of these pupils is reviewed carefully so that their transfer to ordinary education is arranged as soon as possible.

### **Lancaster School**

Lancaster School, formerly called the Junior Training Centre, became the responsibility of the Education Authority this year. As soon as the Health Department becomes aware that a child is likely to attend this school the parents are put in touch with the headteacher of the school. When the parent agrees, the informal admission on a part-time basis is made while the child is still of nursery school age. School medical officers maintain close supervision of the children's general development. A consultant physician attends regularly to see the children and to advise the parents, the school staff and the medical staff on their further management. The staff of the Social Services Department are closely associated in the care given to these children and the support given to the families. Physiotherapy and speech therapy are available. The educational psychologist visits this school regularly. The parents take an active interest in this school. Evening parent-group meetings initiated and guided by Dr. Mellor are held where parents discuss the many aspects of mental handicap, share experiences and advise each other on the management of their children.

### **Kingsdown School**

This is a day school for physically handicapped and delicate children. When places are available they may be taken up by children living in Essex. Physiotherapy is provided by a physiotherapist and her assistant who are employed by the Hospital Management Committee and whose salaries are reimbursed to the Hospital Management Committee by the Education Authority. A consultant paediatrician from Southend General Hospital acts as a paediatric adviser to the school. He visits once a month. The medical officer attached to the school works as a clinical assistant at the paediatric out-patient department. This close co-operation between hospital and school is considered a great advantage in the care and supervision of the pupils at the school.

Many of the pupils in this school are multiple-handicapped and the help of the educational psychologists is proving invaluable in the assessment of these pupils' conditions. With their assistance a more complete diagnosis of a condition is possible. Their information is also useful to the school teachers in dealing with pupils who are having more learning difficulties than would be expected from their medical and social histories.

Southend and District Riding Club for the Disabled have continued with their arrangements for enabling some of the pupils at the school to learn horse-riding. Swimming is available for most of the pupils. The following table shows an analysis of the conditions of the 119 children who were in attendance during the year.

Conditions	Boys	Girls
Abnormal Gait	-	1
Achondroplasia	-	1
Arthrogryposis	2	-
Asthma	10	4
Ataxia	2	-
Athetosis	1	-
Bronchiectasis	1	-
Cerebral Palsy	15	5
Cerebral Tumour	1	2
Progressive Cerebellar Syndrome	1	-
Coeliac Disease	-	1
Congenital Dislocation of Hip	-	1
Congenital Heart Disease	2	5
Craniopharyngioma	1	-
Dermatomyositis	-	2
Diabetes	-	2
Eczema	3	-
Emotional Difficulties	2	2
Epilepsy	1	2
Exomphalos	-	1
Fallot's Tetralogy	1	-
Fybro Cystic Disease	1	-
Fragilitas Ossium	-	1
Galactosaemia	1	-
General Debility	1	-
Haemophilia	2	-
Hemiparesis	2	1
Hydrocephalus	-	1
Hypospadias	1	-
Hypotonia	2	1
Ichthyosis	1	-
Meningo Myelocoele	-	1
Morquio's Disease	1	-
Muscular Dystrophy	2	-
Myelomeningocoele and Hydrocephalus	-	2
Paraplegia	-	1
Partial Sight	-	2
Perthes Disease	3	-
Post-Poliomyelitis	-	1
Rheumatoid Arthritis	-	3
Recurrent Respiratory Infections	2	3
Rheumatic Carditis	-	1
Scoliosis	-	1
Sickle Cell Anaemia	1	-
Spina Bifida	3	3
Spinal Deformity	-	1
Upper Motoneurone Disease	-	1
	66	53
Total	119	



## Priory School

Priory School is a day school providing special education for 50 maladjusted pupils. Admission is made on the recommendation of the Principal School Medical Officer acting upon advice from the consultant psychiatrist at the child guidance clinic. Most children are discharged back to ordinary schools. In a few cases transfer to residential schools is recommended but it is very difficult to obtain such places. It was not possible this year to maintain regular visits to this school by a school medical officer. Special visits were made to the school on request.

## Residential Schools

The Authority provides no residential special schools and the following table shows the number of children with varying categories of handicap, who have attended residential special schools during the year.

	Boys	Girls
<u>Blind and Partially Sighted</u>		
East Anglian School, Gorleston-on-Sea	2	-
Dorton House, Seal	-	1
Blatchington Court School, Seaford	-	1
<u>Deaf and Partially Hearing</u>		
Nutfield Priory	-	2
Woodford School, Woodford Green	7	3
Hamilton Lodge	1	-
Royal School, Margate	-	2
East Anglian School, Gorleston-on-Sea	1	-
Ovingdean Hall, Brighton	1	-
Tewin Water School, Welwyn	-	1
<u>Educationally Subnormal</u>		
MacIntyre Schools Ltd. Bedfordshire	2	-
Ramsden Hall	1	-
Sheiling School, Bristol	1	-
Pield Heath School, Hillingdon	-	1
Michael House School, Ilkeston	-	1
Society School, Ealing	1	-
<u>Physically Defective and Delicate</u>		
Tremough Convent, Penryn	-	1
Staplefield Place School, Sussex	-	1
John Capel Hanbury School, Woodford Bridge	-	1
Ingfield Manor, Billinghamurst	1	-
Florence Treloar, Alton	-	1
Meath School, Ottershaw	1	-
<u>Epileptic</u>		
Lingfield Hospital School	2	2
<u>Maladjusted</u>		
Pitt House	1	-
Periton Mead School, Minehead	-	1
Nazeing Park School, Nazeing	-	1
<u>Speech Defect</u>		
Moor House, Oxted	1	-
Royal School for Deaf, Margate	1	-

Handicapped Pupils		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally subnormal		(9) Epileptic (10) Speech Defects		TOTAL (1) - (10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>In the year ended 31st December 1971</b>												
Newly ascertained as	boys	1	-	-	-	2	4	17	28	-	-	52
requiring special schooling	girls	-	1	-	-	4	1	5	11	-	-	22
(i) No. of above newly	boys	1	-	-	-	2	3	11	21	-	-	38
placed in special schools	girls	-	-	-	-	4	-	2	9	-	-	15
(ii) Ascertained prior to 1. 1. 71	boys	-	-	-	1	1	-	1	-	-	-	3
and newly placed in special	girls	-	-	-	-	-	-	-	1	-	-	1
schools												
<b>Requiring Places in special schools</b>												
(a) Day	boys	-	-	-	-	-	2	9	6	-	-	17
	girls	-	-	-	-	-	-	5	1	-	-	6
(b) Boarding	boys	1	-	-	-	-	-	4	1	-	-	6
	girls	-	1	-	-	-	-	-	-	-	-	1
<b>(i) Attending maintained special schools</b>												
(a) Day	boys	1	-	1	-	18	14	36	151	-	-	221
	girls	-	2	-	-	15	8	13	116	1	-	155
(b) Boarding	boys	-	2	-	1	-	-	-	1	-	-	4
	girls	-	-	-	3	-	-	2	-	-	-	5
<b>(ii) Attending non-maintained special schools</b>												
(a) Day	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	boys	-	-	-	1	-	1	-	-	1	2	5
	girls	1	1	-	-	-	1	-	-	2	-	5
<b>(iii) Attending independent schools</b>												
(a) Day	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	boys	-	-	2	5	1	-	1	4	-	-	13
	girls	-	-	-	2	-	1	-	1	-	-	4
<b>Receiving education otherwise than at school</b>												
(i) in hospital	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups	boys	-	-	-	-	9	-	-	-	-	-	9
	girls	-	-	-	-	6	-	-	-	-	-	6
(iii) at home	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>												
	boys	2	2	3	7	28	17	50	163	1	2	275
	girls	1	4	-	5	21	10	20	118	3	-	182

## EMPLOYMENT OF SCHOOL CHILDREN

Pupils seeking employment require to be examined only when specially indicated: 12 boys and 20 girls were examined prior to temporary theatrical employment this year.



## **CAREERS SERVICE**

### **Handicapped School Leavers**

Since the selective medical examination scheme is in operation, the amended Y9 form for the information of the careers officer is completed by the school medical officer only when he has information which he considers will be useful to the careers officer. The careers officer can request information when he considers that further information on a school-leaver would assist him in placing the pupil. Much time and effort is spent in collecting information on the school-leavers from all the special schools and on handicapped pupils from ordinary schools. Some handicapped school-leavers can be found suitable employment, but many require further educational training and social support. Further education is available at further education centres at St. Christopher School and Fairfax High School. Some leavers from the day schools for E.S.N. children may require sheltered working conditions or further training. At present limited facilities are available at Maybrook Adult Training Centre (which is the responsibility of the Social Services Department). It is hoped that after some sheltered industrial experience, social training and some academic work, these youths will eventually be able to take up open employment. Arrangements for the further education and training of physically handicapped school leavers are made on an individual basis. It can be provided by arrangement with the Health Committee and with the co-operation of the Department of Employment & Productivity. Handicapped pupils can obtain further training at the College of Technology and residential courses can also be arranged.

## **SCHOOL HYGIENE**

### **Water**

All the learner swimming pools are provided with automatic filtration and chlorination units. Daily records are kept of the residual chlorine content and pH of the water. Public Health Inspectors take samples periodically for bacteriological examination. The water has been maintained at standards which meet the Health Department requirements. No outbreaks of infectious disease have been caused by contaminated water in these pools.

### **Plantar Warts**

The number of pupils attending the clinics for treatment of plantar warts increased to such an extent that special clinics had to be arranged. The school time lost by some of these pupils caused concern. Further measures are planned to try to stop the present epidemic and to prevent further occurrences.

### **School Meals Service**

Applicants for posts in the School Meals Service submit a health questionnaire for scrutiny by medical officers and are given written instructions on personal hygiene. All staff are required to produce evidence of a satisfactory chest x-ray examination. Whenever a member of a kitchen staff or School Meals assistant has suffered a gastro-intestinal upset, the opinion of the medical officer is sought and guidance given concerning her return to work. Once more there were no outbreaks of food-borne infection associated with the School Meals Service.

## **PROPHYLACTIC MEASURES**

The Local Health Authority has been providing for some time protection against poliomyelitis, smallpox, diphtheria, whooping cough, tetanus and measles. The visits to senior schools, introduced in 1970, to vaccinate girls against rubella, continued.

## B.C.G. Vaccination

B.C.G. vaccination against tuberculosis is the responsibility of the Chest Clinic and School Health Service. In the schools, in the B.C.G. age-group (13 years), 2,072 children were tested, of whom 1,996 were negative reactors and 1,919 received B.C.G. vaccine. In addition, 3,542 children outside this age-group received skin tests. Arrangements for dealing with pupils with positive or doubtful positive reactions to the Heaf test remained the same.

## Infectious Diseases

It was possible this year to revise the recommendations for action in the event of the occurrence of infectious diseases among children attending schools, nursery schools, nursery classes, play-groups and child-minding groups. An account of the procedure was published as a leaflet for the information of those concerned.

The information given is as follows:-

### Procedure as to the exclusion from School, Nursery School, Nursery Class, Playgroup or Child Minder's group on account of Infectious Disease

	Usual Incubation Period	PERIOD OF EXCLUSION	
		PATIENTS	CONTACTS i. e. the other members of the family or household living together as a family, that is in one tenement
Chicken Pox	11 - 21 days	6 days from the appearance of the rash	None
Diphtheria	2 - 5 days	Until declared fit by M.O.H.	Until M.O.H. allows return.
Dysentery (Bacillary)	1 - 7 days	Until stools are formed	None
Food Poisoning	2 hours - 3 days	Until stools are formed	None
German Measles (Rubella)	2 - 3 weeks	4 days from the appearance of the rash	None
Infectious Jaundice	2 - 7 weeks	Until 7 days from onset of jaundice	None
Measles	10 - 15 days *** Epidemic - See over	7 days after the appearance of the rash	None
Meningococcal Infection (Meningitis)	2 - 10 days	Until declared fit by M.O.H. or G.P.	None
Mumps	12 - 26 days	Until swelling has subsided	None



Continued.

	Usual Incubation Period	PERIOD OF EXCLUSION	
		PATIENTS	CONTACTS i. e. the other members of the family or household living together as a family, that is in one tenement
Poliomyelitis	3 - 21 days	Until declared fit by M.O.H.	Until M.O.H. allows return
Scarlet Fever (and streptococcal sore throat)	2 - 5 days	Until declared fit by M.O.H. or G.P.	None
Whooping Cough	7 - 10 days *** Epidemic - See below	21 days from the beginning of the characteristic cough	None

\*\*\* DURING AN EPIDEMIC OF MEASLES OR WHOOPING COUGH CHILDREN UNDER FIVE YEARS OF AGE SHOULD NOT BE ADMITTED FOR THE FIRST TIME TO A NURSERY CLASS, NURSERY SCHOOL, INFANT SCHOOL, PLAYGROUP OR CHILD MINDER'S GROUP UNLESS IT IS QUITE CERTAIN THAT THEY HAVE ALREADY HAD THE DISEASE OR BEEN VACCINATED AGAINST IT.

Intimation of the occurrence of any of these diseases, particularly undue prevalence among school children, should be sent to the Health Department as early as possible.

Members of staff (including secretaries and caretakers and others in contact with children) should have applied to them the same rules regarding exclusion as for children.

If one member of a family has ringworm or scabies or is infested with nits, it is highly desirable that the other members should be examined to see if they are free from contagion. If a child who has been suffering from scalp ringworm is re-admitted on the certificate of a general practitioner that the child is free from contagion, notice of the child's re-admission should be sent to the Medical Officer of Health.

Impetigo - Children should be excluded until spots have healed unless lesions can be covered.

The share of teachers in the control of infection is of primary importance, as infection is often spread in school by the attendance of children suffering from initial and unnoticed symptoms, or during the convalescent stage or throughout the course of a mild, unrecognised attack of an infectious disease. Teachers should temporarily exclude children showing any symptoms suggestive of any infectious disease until medical assurance is obtained that they may attend school without harm to themselves or danger to their fellows.

#### OUTBREAKS OF UNUSUAL OR MULTIPLE ILLNESS IN SCHOOLS

No one is in a better position than the Headteacher to draw attention to outbreaks of this kind; information from other sources is always tardy and incomplete. Delay imposes obstacles which impede investigation and may prove insurmountable. It is essential to make a telephoned report about any illness suggestive of food poisoning immediately, because successful investigation may depend upon samples of food being available.

**PART 1 - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY  
AND SPECIAL SCHOOLS)**

**TABLE A - PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory			For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
			No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1967 and later	55	55	-	-	-	-	-	
1966	592	591	1	-	14	8	19	
1965	1671	1671	-	-	28	55	83	
1964	284	283	1	-	6	6	12	
1963	52	52	-	-	-	1	1	
1962	1	1	-	-	-	-	-	
1961	-	-	-	-	-	-	-	
1960	754	754	-	628	34	23	52	
1959	377	377	-	323	14	6	20	
1958	770	770	-	655	29	6	34	
1957	383	383	-	302	12	4	16	
1956 and earlier	-	-	-	-	-	-	-	
TOTAL	4939	4937	2	1908	137	109	237	



**TABLE B – OTHER INSPECTIONS**

Number of Special Inspections	29,455
Number of Re-inspections	<u>11,918</u>
	<u>41,373</u>

**TABLE C – INFESTATION WITH VERMIN**

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	13,708
(2)	Total number of individual pupils found to be infested	51

**SCREENING TESTS OF VISION AND HEARING**

1(a)	Is the vision of entrants tested as a routine within their first year at school?	Yes																						
(b)	If not, at what age is the first routine test carried out?	-																						
2	At what age(s) is vision testing repeated during a child's school life?	<table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td></td><td>✓</td><td></td><td></td><td>✓</td><td></td><td>✓</td><td>✓</td><td></td><td></td><td></td></tr></table>	6	7	8	9	10	11	12	13	14	15	16		✓			✓		✓	✓			
6	7	8	9	10	11	12	13	14	15	16														
	✓			✓		✓	✓																	
3(a)	Is colour vision testing undertaken?	Yes																						
(b)	If so, at what age?	10+ and 12+																						
(c)	Are both boys and girls tested?	Yes																						
4(a)	By whom is vision testing carried out?	School nurses																						
(b)	By whom is colour vision testing carried out?	School Medical Officers and School Nurses																						
5(a)	Is routine audiometric testing of entrants carried out within their first year at school?	Yes																						
(b)	If not, at what age is the first routine audiometric test carried out?																							
(c)	By whom is audiometric testing carried out?	School Nurses																						

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR  
TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1971

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	6	74	2	57	1	38	9	169
5	Eyes -								
	(a) Vision	48	137	41	125	48	165	137	427
	(b) Squint	8	50	-	13	2	13	10	76
	(c) Other	-	12	-	7	2	4	2	23
6	Ears -								
	(a) Hearing	25	354	5	26	7	56	37	436
	(b) Otitis Media	1	5	1	1	1	3	3	9
	(c) Other	-	17	-	4	1	-	1	21
7	Nose and Throat	4	126	2	29	-	31	6	186
8	Speech	19	75	-	2	1	5	20	82
9	Lymphatic Glands	-	3	-	1	-	-	-	4
10	Heart	-	20	-	6	-	6	-	32
11	Lungs	1	74	-	40	-	31	1	145
12	Developmental -								
	(a) Hernia	-	13	-	-	-	-	-	13
	(b) Other	-	52	-	20	-	23	-	95
13	Orthopaedic -								
	(a) Posture	-	6	-	5	-	7	-	18
	(b) Feet	1	80	-	36	11	23	12	139
	(c) Other	-	16	-	7	-	7	-	30
14	Nervous System -								
	(a) Epilepsy	-	8	-	5	-	8	-	21
	(b) Other	-	6	-	7	-	13	-	26
15	Psychological								
	(a) Development	-	38	-	3	2	19	2	60
	(b) Stability	-	21	-	5	-	22	-	48
16	Abdomen	-	26	-	6	-	9	-	41
17	Other	5	73	-	27	1	11	6	111



**TABLE B - SPECIAL INSPECTIONS**

Defect Code No.  (1)	Defect or Disease  (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	27	13
5	Eyes - (a) Vision	331	2459
	(b) Squint	2	-
	(c) Other	1	-
6	Ears - (a) Hearing	43	3194
	(b) Otitis Media	-	2
	(c) Other	-	1
7	Nose and Throat	5	3
8	Speech	6	3
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	1	3
12	Developmental -		
	(a) Hernia	-	-
	(b) Other	3	2
13	Orthopaedic -		
	(a) Posture	1	1
	(b) Feet	1	3
	(c) Other	5	-
14	Nervous system -		
	(a) Epilepsy	-	-
	(b) Other	-	-
15	Psychological -		
	(a) Development	1	2
	(b) Stability	274	9
16	Abdomen	1	3
17	Other	80	41

**PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT**

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	282
	<hr/>
<b>Total</b>	<b>284</b>
	<hr/>
Number of pupils for whom spectacles were prescribed	134

**TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	45
(b) for adenoids and chronic tonsillitis	52
(c) for other nose and throat conditions	-
Received other forms of treatment	-
Total	<u>97</u>
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1971 ... ..	2
(b) in previous years ... ..	54

**TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS**

	<u>Number of cases known to have been treated</u>
(a) Pupils treated at clinics or outpatient departments ... ..	Not available
(b) Treated at school for postural defects	-

**TABLE D - DISEASES OF THE SKIN**  
(excluding uncleanliness for which see Table D of Part I)

	<u>Number of cases known to have been treated</u>
Ringworm:(a) Scalp ... ..	-
(b) Body ... ..	-
Scabies ... ..	106
Impetigo ... ..	7
Other skin diseases ... ..	<u>505</u>
Total	<u>618</u>

**TABLE E - CHILD GUIDANCE TREATMENT**

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	265

**TABLE F - SPEECH THERAPY**

	<u>Number of cases known to have been treated</u>
Pupils treated by Speech Therapists ...	375



**TABLE G - OTHER TREATMENT GIVEN**

	<u>Number of cases known to have been treated</u>
(a) Pupils with minor ailments ...	161
(b) Pupils who received convalescent treatment under School Health Service arrangement	-
(c) Pupils who received B.C.G. vaccination	1919
(d) Tuberculin Surveys (other than for B.C.G.)	3542
(e) Physiotherapy ... ..	80
(f) Orthoptic Clinic ... ..	940
(g) School children seen at Southend General Hospital Casualty Department	1036
	<u>7678</u>

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY  
THE AUTHORITY**

**ATTENDANCES AND TREATMENT**

	<b>Ages 5 to 9</b>	<b>Ages 10 to 14</b>	<b>Ages 15 and over</b>	<b>Total</b>
First visit ... ..	834	515	52	1401
Subsequent visits ... ..	683	668	106	1457
Total visits ... ..	1517	1183	158	2858
Additional courses of treatment commenced	64	38	7	109
Fillings in permanent teeth ...	851	1407	213	2471
Fillings in deciduous teeth ...	1451	203	-	1654
Permanent teeth filled ...	596	1089	170	1855
Deciduous teeth filled ...	1150	177	-	1327
Permanent teeth extracted ...	46	175	37	258
Deciduous teeth extracted ...	964	265	-	1229
General anaesthetics ...	240	91	2	333
Emergencies	125	99	20	244

Number of pupils x-rayed	85
Prophylaxis	66
Teeth otherwise conserved	76
Number of teeth root filled	12
Inlays	1
Crowns	4
Courses of treatment completed	1188

**ORTHODONTICS**

New cases commenced during year	17
Cases completed during year	10
Cases discontinued during year	-
No. of removable appliances fitted	24
No. of fixed appliances fitted	-
Pupils referred to Hospital Consultant	10

**PROSTHETICS**

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	2	2	4
Number of dentures supplied	-	3	2	5

**ANAESTHETICS** General Anaesthetics administered by  
Medical Anaesthetists

333

**INSPECTIONS**

(a) First inspection at school	Number of pupils	14,420
(b) First inspection at clinic	Number of pupils	486
Number of (a) and (b) found to require treatment		8,864
Number of (a) and (b) offered treatment		8,864
(c) Pupils re-inspected at school clinic		4,144
Number of (c) found to require treatment		2,650

**SESSIONS**

Sessions devoted to treatment	473
Sessions devoted to inspections	116
Sessions devoted to Dental Health Education	23







